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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/589,450			ing Date 04/2007	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL	ENTITY	OR		HER THAN ALL ENTITY
\vdash	FOR	$\overline{}$	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b), a	or (c))	N/A		N/A		П	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), o	or (m))	N/A		N/A		П	N/A		1	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),	iE or (q))	N/A		N/A		П	N/A]	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				l	x \$ = 1		OR	x s =	
	CFR 1.16(h))		minus 3 =		•		П	X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$: add	If the specification and drawir sheets of paper, the applicati is \$250 (\$125 for small entity additional 50 sheets or fractic 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See						
	MULTIPLE DEPEN	NDENT CLAIM P	RESENT (3	7 CFR 1.16(j))	,		П]		
* If t	the difference in colu	umn 1 is less that	zero, ente	r "0" in column	ın 2.		•	TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Golumn 1) (Column 2) (Column 3)												ER THAN ALL ENTITY
AMENDMENT	01/25/2012	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ĭ,	Total (37 CFR 1.16(i))	· 21	Minus	25		= 0	H	x \$ =		OR	X \$60=	0
z۱	independent (37 CFR 1.16(h))	- 1	Minus	3		= 0	l	X \$ =		OR	X \$250=	0
Ĭ,	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						П			OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
E.	Total (37 CFR 1,16(i))	•	Minus			-	П	X \$ =		OR	X \$ =	
AMENDMENT	Independent (37 OFR 1 16(h))		Minus	***		-	H	X \$ =		OR	X \$ =	
Z.	Application Size Fee (37 CFR 1.16(s))						l]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))						П			OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, water 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For M THIS SPACE is less than 3, enter "3".												

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within it is to file (and by the USFTO to process) an application Condificientity is governed by 38 USE 1.22 and 37 CFR 1.4. This recibited in estimated to their bet 2 minutes to complete, encloding gathering, peparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.